



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800007

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CINNAMON'S INC.**

DOING BUSINESS AS

ADDRESS **491 MAIN ST**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **NETISHEN,
ANTHONY J.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR; MAIN DINING ROOM, REAR DINING ROOM AND KITCHEN. CELLAR USED
FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800008

CITY OR TOWN ATHOL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ATHOL PIZZA HOUSE INC

DOING BUSINESS AS ATHOL HOUSE OF PIZZA REST.

ADDRESS 522 MAIN ST

CITY/TOWN: ATHOL

STATE: MA

ZIP CODE: 01331

MANAGER: SPANAKIS,
AGATHA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; DINING ROOM, KITCHEN, STORAGE ROOM AND TWO WATER CLOSETS.
CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800010

CITY OR TOWN ATHOL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EDWARD H. PHILLIPS POST HOME INC.

DOING BUSINESS AS

ADDRESS 325 PEQUOIG AVE

CITY/TOWN: ATHOL

STATE: MA

ZIP CODE: 01331

MANAGER: PIERCE, THOMAS TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM IN ATTACHED BUILDING ON FIRST FLOOR. THREE ROOMS IN HOME
ON FIRST FLOOR, ONE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800011

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LOSIER'S CAFE INC**

DOING BUSINESS AS **THE DERY BAR**

ADDRESS **5 PINE ST**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **DERY, RICHARD A. JR.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 2 ROOMS, CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800013

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ELLINWOOD COUNTRY CLUB INC.**

DOING BUSINESS AS

ADDRESS **1928 PLEASANT ST**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **JOHNSON, VICKI** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, MAIN HALL, LOUNGE, BAR AND LOUNGE, SCREENED PORCH, FENCED PATIO, LIQUOR STORAGE ROOM. KITCHEN, CELLAR FOR STORAGE. PRO SHOP

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800015

CITY OR TOWN ATHOL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMER-LITHUANIAN NATURALIZATION CLUB

DOING BUSINESS AS ATHOL MASS INC.

ADDRESS 365 SOUTH ST

CITY/TOWN: ATHOL

STATE: MA

ZIP CODE: 01331

MANAGER: HAMMOCK,
DANIEL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, KITCHEN, TWO ROOMS. CELLAR FOR STORAGE

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800016

CITY OR TOWN ATHOL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLUB FRANCO-AMERICAN DE NATURALIZATION D'ATHOL

DOING BUSINESS A

ADDRESS 592-94 SOUTH ST

CITY/TOWN: ATHOL

STATE: MA

ZIP CODE: 01331

MANAGER: LaFountain, Norman TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS AND OFFICE ON STREET FLOOR. CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MARK IV LOUNGE INC.**

DOING BUSINESS AS **TRAVERSE STREET CAFE**

ADDRESS **73 TRAVERSE ST**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **CALDWELL,
DAVID M.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR; 2 ROOMS; BAR AND GAME ROOM. SECOND FLOOR 3 ROOMS. BASEMENT;
ONE ROOM AND COOLER FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800021

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BRADFORD N. CASS & JOHN E. COTTER**

DOING BUSINESS AS **UPTOWN PACKAGE STORE**

ADDRESS **2280 MAIN ST.**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **JOHN E. COTTER** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**
& **BRADFORD N. C**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

One room for retail with walk in cooler. Small office and bathroom. Approx 1500 sq ft.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800022

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **STANS LIQUOR MART, INC.**

DOING BUSINESS A

ADDRESS **1586 SOUTH MAIN STREET**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **MILUSICH,**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

CONSTANCE A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800023

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KIM'S CORNER STORE, INC**

DOING BUSINESS AS **KIM'S CORNER STORE**

ADDRESS **229 PINEDALE AVENUE**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **NGUYEN, KIM T.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM. CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800025

CITY OR TOWN ATHOL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NARAYANDEV INC

DOING BUSINESS A COUNTRY CONVENIENCE

ADDRESS 49 SOUTH MAIN STREET

CITY/TOWN: ATHOL

STATE: MA

ZIP CODE: 01331

MANAGER: PATEL, GAURANG TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; ONE DISPLAY ROOM AND STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800026

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FOSTERS LIQUORS CORPORATION**

DOING BUSINESS AS **ATHOL SPIRITS**

ADDRESS **9 TUNNEL STREET**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **FOSTER, SHAWN R.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS; STREET LEVEL HAS TWO ROOMS, ONE FOR STORE AND ONE FOR RENTAL SPACE. CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800028

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KARAS & MATHEW, INC.**

DOING BUSINESS AS

ADDRESS **246 EXCHANGE STREET**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **FARES, AYMAN E.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLD. CONSISTING OF A KITCHEN, TWO DINING AREAS, STORAGE ROOM AND TWO BATHROOMS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800031

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CORNER PUB LLC**

DOING BUSINESS AS **CORNER PUB**

ADDRESS **99 HAPGOOD STREET**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **BELAND, DIANA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FENCED HORSESHOE AREA BEHIND BUILDING

I hereby certify and swear under penalties of perjury that:

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Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800033

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KASHVI, INC**

DOING BUSINESS A **ATHOL GENERAL STORE**

ADDRESS **390 CRESCENT ST**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **PATEL**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

BHAVIKABEN J.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY BLDG; 2 ROOMS AT STREET LEVEL FOR RETAIL AND STORAGE IN
CELLAR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800034

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **TAMMY A. DROUIN AND LEON E. DROUIN**

DOING BUSINESS AS **OLD TIME N.E. SEAFOOD**

ADDRESS **2294 MAIN ST**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50 SEAT RESTAURANT AND SEAFOOD MARKET

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800035

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CUMBERLAND FARMS OF MASS, INC**

DOING BUSINESS AS **CUMBERLAND FARMS STORE # 6706**

ADDRESS **109 BROOKSIDE ROAD**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **DALY,PATRICK A.** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800036

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BLIND PIG LLC**

DOING BUSINESS AS **BLIND PIG**

ADDRESS **98 EXCHANGE STREET**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **VEAUTOUR,
DAVID E.**

TYPE OF LICENSE: **General on
premise**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE STORY FREE STANDING BUILDING, 2 UPPER ARE USED FOR STORAGE AND ARE NOT RESIDENTIAL... GROUND FLOOR IS BAR ROOM WITH KITCHENETTE FROM AND NEAR EXITS AND TWO RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800037

CITY OR TOWN **ATHOL**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **WALMAH LLC**

DOING BUSINESS AS **IRISHMEN**

ADDRESS **11 EXCHANGE STREET**

CITY/TOWN: **ATHOL**

STATE: **MA**

ZIP CODE: **01331**

MANAGER: **MAHAN, LORY**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**TWO STORY BUILDING CONSISTING OF A BAR AND GAME ROOM ON THE MAIN LEVEL
AND STORAGE IN THE BASEMENT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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